

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☒ 1. Ignitable (D001)

☐ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

nonresponsive

7/17/87



Dakota County Environmental
Health Services
1600 W. Hwy. 55
Hastings, Minnesota 55033
437-0275

HAZARDOUS WASTE DISCLOSURE
INVENTORY - Form 1

► Please Type or Print

A. GENERAL INFORMATION

Company Name (include division name if applicable):

Farmers Mill & Elevator, Inc.

Location: **nonresponsive**

Castle Rock 55010

Street

City

County

State

Zip Code

Mailing Address: Same

Street

City

County

State

Zip Code

EPA Identification Number:

MND022740153

Responsible Person:

nonresponsive

Title

Telephone: Business

Emergency

Alternate Contact:

Title

Telephone: Business

Emergency

Principal Product or Service Truck/tractor Repair

MPCA USE
SIC

- B. HAZARDOUS WASTE(S) List all hazardous wastes produced at the facility. For each hazardous waste listed below, complete and attach a separate Hazardous Waste Management Plan (Form 2). Attach additional sheets if necessary.

Waste Inventory No.	Process, Activity, Service Department	Hazardous Waste Number				Waste Name or Description	Physical State
H1	Parts Washer	D	0	0	1	waste Solvent	l
H2	Carb Cleaner	F	0	0	2	waste Carb Cleaner	l
H3	Batteries	D	0	0	2	waste Batteries	
H4							
H5							
H6							
H7							
H8							

Form-1

- C. NON-HAZARDOUS WASTE(S) List nonhazardous wastes produced at the site. County Staff may require the information or method by which you have evaluated these wastes. Attach additional sheets if necessary.

Waste Inventory No.	Process, Activity, Service Department	Type or Description of Non-Hazardous Waste	Physical State
N1			
N2			
N3			
N4			
N5			

- D. OILS List waste oils generated at the facility.

Waste Inventory No.	Process, Activity, Service Department	Type or Description of Non-Hazardous Waste	Physical State
01	oil changes	used oil	l
02	Pierce oil	~ 500 Gal/yr	

- E. CONTINGENCY PLAN Attach a copy of the contingency plan pursuant to Minnesota Rules Part 7045.0292 unless exempt as specified in Dakota County Ordinance III. (Small quantity generators must comply with certain requirements).

- F. COMPLETED FORMS Please send completed forms and attachments to:

Dakota County Environmental
Health Services
1600 W. Hwy. 55
Hastings, Minnesota 55033

- G. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature nonresponsive	Name (type or print) nonresponsive	Date Signed 7/17/87
	Title PRESIDENT	



Dakota County Environmental
Health Services
1600 W. Hwy. 55
Hastings, MN 55033
437-0275

HAZARDOUS WASTE DISCLOSURE
MANAGEMENT PLAN - FORM 2
(One for Each Hazardous Waste)

Please Type or Print

H / Waste Inventory Number (from FORM 1, Part B)

A. GENERAL INFORMATION

Company Name and Division (Same as on FORM 1):

Farmers Mill & Elevator, Inc

EPA Identification Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B. WASTE IDENTIFICATION AND EVALUATION

1. Hazardous Waste Number and Waste Name (From Part B of FORM 1):

D001

waste solvent

Physical State l

2. Major Constituents of Waste. List:

- All known components (whether the individual component is hazardous or not);
- The respective concentration of those components greater than 1%; and
- The anticipated fluctuations in the chemical composition (concentration range) that will occur during normal operations.

Attach and number any explanatory reports, test results, or other data used to identify the hazardous properties and constituents of the waste.

Component	Concentration		Component	Concentration	
	%	Range in %		%	Range in %
<u>Stoddard Solvent</u>		<u>90%</u>			

3. EP Toxicity Components of Waste. List all known or suspected pesticide or metal components of the leachate of the waste, the respective concentrations and the anticipated fluctuations in the concentration which are listed in 6 MCAR § 4.9132 G-1.

Component	Concentration		Component	Concentration	
	PPM	Range in PPM		PPM	Range in PPM

C. HAZARDOUS WASTE MANAGEMENT

1. Estimated annual amount of this waste produced: 10-15 lbs. (if solid or gallons (if liquid).

2. Is this waste a mixture of wastes or does it become mixed with other wastes?

☐ YES ☒ NO

If yes, write the waste names and their waste inventory numbers (from Part B of FORM 1) of each of the other wastes.

3. Waste will be treated or disposed: (Check One) ☐ On-site, ☒ Off-site
4. How and where is this waste stored prior to off-site shipment or on-site treatment? _____

5. If managed on-site, how is this waste treated or disposed? _____

mixed with oil

For wastes discharged on-site to municipal or non-municipal sewers and waters of the state, list the name and address of the wastewater treatment works and their NPDES or State Disposal Permit number.

Wastewater Treatment Works

Name: _____ Permit Number: _____

Location: _____

6. Anticipated frequency of shipment: _____ per year.

7. Transporters. List the transporter(s) to be used for shipment:

Transporter Name and Address	EPA I.D. Number
a. <i>Pierce oil Co</i>	
b.	
c.	

8. For wastes shipped off-site, list the name and address of the primary (a) and back-up (b) facility, each facility's EPA identification number, and the management methods or processes used at the facility. (See the instructions for a list of hazardous waste management methods and processes).

Primary Facility	Back-up Facility																																								
Name: <i>Pierce oil Co</i>	Name: _____																																								
Address: _____	Address: _____																																								
EPA I.D. <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					EPA I.D. <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Management Method or Process: _____	Management Method or Process: _____																																								

D. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

nonresponsive

Name (type of print)

nonresponsive

Title *PRESIDENT*

Date Signed

7/17/87



Dakota County Environmental
Health Services
1600 W. Hwy. 55
Hastings, MN 55033
437-0275

HAZARDOUS WASTE DISCLOSURE
MANAGEMENT PLAN - FORM 2
(One for Each Hazardous Waste)

Please Type or Print

H 2 Waste Inventory Number (from FORM 1, Part B)

A. GENERAL INFORMATION

Company Name and Division (Same as on FORM 1):

Farmers Mill & Elevator, Inc.

EPA Identification Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B. WASTE IDENTIFICATION AND EVALUATION

1. Hazardous Waste Number and Waste Name (From Part B of FORM 1):

F	0	0	
---	---	---	--

Carb Cleaner

Physical State

l

2. Major Constituents of Waste. List:

- All known components (whether the individual component is hazardous or not);
- The respective concentration of those components greater than 1%; and
- The anticipated fluctuations in the chemical composition (concentration range) that will occur during normal operations.

Attach and number any explanatory reports, test results, or other data used to identify the hazardous properties and constituents of the waste.

Component	Concentration		Component	Concentration	
	%	Range in %		%	Range in %

3. EP Toxicity Components of Waste. List all known or suspected pesticide or metal components of the leachate of the waste, the respective concentrations and the anticipated fluctuations in the concentration which are listed in 6 MCAR § 4.9132 G-1.

Component	Concentration		Component	Concentration	
	PPM	Range in PPM		PPM	Range in PPM

C. HAZARDOUS WASTE MANAGEMENT

1. Estimated annual amount of this waste produced: _____ lbs. (if solid or
0 gallons (if liquid).

2. Is this waste a mixture of wastes or does it become mixed with other wastes?

☐

YES

☒

NO

If yes, write the waste names and their waste inventory numbers (from Part B of FORM 1) of each of the other wastes. _____

3. Waste will be treated or disposed: (Check One) ☐ On-site, ☒ Off-site
4. How and where is this waste stored prior to off-site shipment or on-site treatment? N/A
5. If managed on-site, how is this waste treated or disposed? N/A

For wastes discharged on-site to municipal or non-municipal sewers and waters of the state, list the name and address of the wastewater treatment works and their NPDES or State Disposal Permit number.

Wastewater Treatment Works

Name: _____ Permit Number: _____

Location: _____

6. Anticipated frequency of shipment: _____ per year.

7. Transporters. List the transporter(s) to be used for shipment:

Transporter Name and Address	EPA I.D. Number
a.	
b.	
c.	

8. For wastes shipped off-site, list the name and address of the primary (a) and back-up (b) facility, each facility's EPA identification number, and the management methods or processes used at the facility. (See the instructions for a list of hazardous waste management methods and processes).

Primary Facility	Back-up Facility
Name: _____	Name: _____
Address: _____	Address: _____
EPA I.D. _____	EPA I.D. _____
Management Method or Process: _____	Management Method or Process: _____

D. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature nonresponsive	Name (type of print) nonresponsive	Date Signed 7/17/87
	Title PRESIDENT	



DAKOTA COUNTY

33 WENTWORTH AVENUE
WEST ST. PAUL, MINNESOTA 55118

PUBLIC HEALTH DEPARTMENT



AUG 26 1987

Ted Wolff

Ecology and Environment, Inc.

111 West Jackson Blvd.

Chicago, IL 60604



